State: Pennsylvania Filing Company: The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 2017 Rate Increase/2017 Rate Increase

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Long Term Care State: Pennsylvania

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Rate - Other (Not M.U. or G.I. Product)

Date Submitted: 10/16/2017

SERFF Tr Num: GRJR-131229441

SERFF Status: Assigned

State Tr Num: GRJR-131229441

State Status: Received Review in Progress

Co Tr Num: LTC-100

Implementation On Approval

Date Requested:

Author(s): Sheana Roginski, Angie Schneider, Cindy Stubblefield

Reviewer(s): Jim Laverty (primary)

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 63% increase on 57 policyholders of Cincinnati Life form LTC-100-PA (4/99).

State: Pennsylvania Filing Company: The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 2017 Rate Increase/2017 Rate Increase

General Information

Project Name: 2017 Rate Increase Status of Filing in Domicile: Pending

Project Number: 2017 Rate Increase Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing will be filed in the state

of domicile in October 2017.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: 63% Filing Status Changed: 10/17/2017

State Status Changed: 10/17/2017

Deemer Date: Created By: Angie Schneider

Submitted By: Angie Schneider Corresponding Filing Tracking Number:

State TOI: LTC03I Individual Long Term Care

Filing Description:

Please see the attached cover letter.

Company and Contact

Filing Contact Information

Angie Schneider, Filing Analyst angie_schneider@cinfin.com

PO Box 145496 513-870-2283 [Phone] Cincinnati, OH 45250-5496 513-371-7384 [FAX]

Filing Company Information

The Cincinnati Life Insurance CoCode: 76236 State of Domicile: Ohio

Company Group Code: 244 Company Type: 6200 S. Gilmore Road Group Name: State ID Number:

Fairfield, OH 45014 FEIN Number: 31-1213778

(513) 603-5563 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

Fee Explanation: Retaliatory - \$50.00 per filing

Per Company: Yes

CompanyAmountDate ProcessedTransaction #The Cincinnati Life Insurance Company\$50.0010/16/2017130114402

State: Pennsylvania Filing Company: The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 2017 Rate Increase/2017 Rate Increase

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval

Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 29.900%

Effective Date of Last Rate Revision: 10/07/2010

Filing Method of Last Filing: Review and Approval

Company Rate Information

Company	Overall % Indicated	Overall % Rate	Written Premium Change for	Number of Policy Holders Affected	Written Premium for	Maximum % Change	Minimum % Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
The Cincinnati Life Insurance Company	562.000%	63.000%	\$68,017	57	\$107,965	63.000%	63.000%

State: Pennsylvania Filing Company: The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 2017 Rate Increase/2017 Rate Increase

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	CLIC PA Cover Letter.pdf
Item Status:	
Status Date:	
	Actuarial Certification (A&H)
	N/A - Rate Filing
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	Actualial Methoralidum and Explanatory Information (Actr)
Attachment(s):	CLIC PA Actuarial Memorandum RS 2017 with Exhibit A.pdf CLIC Exhibit A-PA.xlsx
Item Status:	
Status Date:	
	Advertisements (A&H)
_ · ·	N/A
Attachment(s):	
Item Status:	
Status Date:	
Oction House	A .1
	Authorization to File (A&H)
Comments:	
Attachment(s):	CinLife Third Party Filer Authorization.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Insert Page Explanation (A&H)
	N/A
Attachment(s):	
Item Status:	
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SERFF Tracking #:	GRJR-131229441	State Tracking #:	GRJR-131229441	Company Tracking #:	LTC-100
State:	Pennsylvania		Filing Compa	any: The Cincinnati Life	e Insurance Company
TOI/Sub-TOI:		al Long Term Care/LTC03I.0	001 Qualified		
Product Name:	Long Term Car				
Project Name/Number:	2017 Rate Incre	ease/2017 Rate Increase			
Status Date:					
Satisfied - Item:	I	Rate Table (A&H)			
Comments:					
Attachment(s):		CLIC PA Proposed Rat	e Sheets.pdf		
Item Status:		·	<u>.</u>		
Status Date:					
Bypassed - Item:	I	Replacement Form with	Highlighted Changes (A&H)		
Bypass Reason:	I	N/A - Rate Filing			
Attachment(s):					
tem Status:					
Status Date:					
Bypassed - Item:	ĺ	Reserve Calculation (A	&H)		
Bypass Reason:	ľ	N/A - Not initial filing			
Attachment(s):					
Item Status:					
Status Date:					
Bypassed - Item:	V	Variability Explanation (A&H)		
Bypass Reason:		N/A - Rate Filing			
Attachment(s):		- J			
Item Status:					

Status Date:

State: Pennsylvania Filing Company: The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 2017 Rate Increase/2017 Rate Increase

Attachment CLIC Exhibit A-PA.xlsx is not a PDF document and cannot be reproduced here.



Waukesha, WI 53186 (877) 431-5824

October 12, 2017

Pennsylvania Insurance Department Attn: Life and Health Rate Review Section

Re: The Cincinnati Life Insurance Company NAIC # 76236 Rate Increase for:

> Tax Qualified Long Term Care Policy LTC-100 Rider Form LTC-301 (Restoration of Benefits) Rider Form LTC-312 (Contingent Benefit Upon Lapse)

Dear Sir or Madam:

On behalf of Cincinnati Life Insurance Company ("Cincinnati Life"), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum for your review and approval. A letter from Cincinnati Life authorizing LTCG to make this rate filing on behalf of Cincinnati Life is included.

The enclosed actuarial memorandum details the request for a 63% increase, which the company is willing to implement as three annual 20% rate increases, for Cincinnati Life's long term care insurance Policy Form Series 100 as noted above. Note, an annual increase of 20% for three years is actuarially equivalent to the requested single rate increase of 63%.

The company discontinued sales of this form series in calendar year 2004. We are requesting this rate increase because claims are higher than expected and produce a lifetime loss ratio significantly greater than the original pricing loss ratio. Your department has approved previous rate increases on this business.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired. Additionally, Cincinnati Life will offer a contingent benefit upon lapse to all insureds affected by the rate increase.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 516-6972 or send me an email at Carolyn.Bittner@ltcg.com.

Thank you for your assistance in reviewing this filing.

Respectfully,

Carolyn Bittner, FSA, MAAA

Carolyn Bittner

Consulting Actuary

LTCG

Actuarial Memorandum Policy Form Series LTC-100

1. PURPOSE OF FILING

This is a rate increase filing for Cincinnati Life Insurance Company's existing Long Term Care policy form series LTC-100. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of the jurisdiction and demonstrates compliance with loss ratio regulation and rate stability regulation. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

Policy Form LTC-100-PA (4/99) Tax Qualified Rider Form LTC-301-PA (4/99) (Restoration of Benefits) Rider Form LTC-312 (1/02) (Contingent Benefit Upon Lapse)

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These policy forms were issued in Pennsylvania by The Cincinnati Life Insurance Company ("Cincinnati Life") from March 2000 through February 2004 and are no longer being marketed in any jurisdiction.

3. DESCRIPTION OF BENEFITS

These are federally tax-qualified, individually underwritten policy forms that provide comprehensive long term care (LTC) coverage. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three benefit increase options: no benefit increases, equal benefit increases, or compound benefit increases. The equal benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% of the daily benefit amount chosen at issue for the life of the insured. The compound benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% compounded annually for the life of the insured. The increasing benefits apply even when the policy is in claim status.

At issue, the insured had the option to choose either a 50-day or 100-day elimination period. The insured also had the option to choose a lifetime payment maximum equal to 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), or 2,190 days (6 years) multiplied by the daily payment amount, or an unlimited lifetime payment maximum.

Actuarial Memorandum Policy Form Series LTC-100

At issue the insured may have had the option of selecting a non-forfeiture benefit rider or restoration of benefits rider.

A contingent benefit upon lapse rider has been provided to all insureds.

4. RENEWABILITY

These policy forms are guaranteed renewable for life.

5. APPLICABILITY

As these policy forms are no longer marketed, this filing is applicable to inforce policies only.

6. MARKETING METHOD

These policy forms were marketed by agents and brokers of Cincinnati Life.

7. UNDERWRITING

These policies were underwritten with the use of various underwriting tool in addition to the application, which may have included medical records, an attending physician statement, telephone interview and/or fact to face interview.

8. AREA FACTORS

Area factors are not used for the product.

9. PREMIUMS

Premiums are unisex and payable for life. The premiums may vary by issue age, lifetime payment maximum, initial daily payment maximum, elimination period, benefit increase option, risk class, group/spousal discounts, and the selection of any riders.

10. PREMIUM MODALIZATION RULES

The following modal factors were applied to the annual premium:

Premium Mode	Factor
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.09

Actuarial Memorandum Policy Form Series LTC-100

11. RESERVES

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2016 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2016, has been allocated to the 2016 calendar year of incurral and included in historic incurred claims.

12. CONTINGENCY AND RISK MARGIN

Contingency and risk margins have not been included in the justification for this rate increase.

13. RATE INCREASE REQUEST

This rate filing is a request for a 63% increase, which the company is willing to implement as three annual 20% rate increases. An annual increase of 20% for three years is actuarially equivalent to the requested single rate increase of 63%. This rate increase is necessary due to higher than expected claims that produce a lifetime loss ratio significantly greater than the original pricing loss ratio. This filing demonstrates that if the current trends continue, and nationwide earned premiums are restated to the historical Pennsylvania rate level, the actual lifetime loss ratio will be 135.5%

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements.

While a larger rate increase can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

14. RATE INCREASE HISTORY

There have been two prior rate increases on these policy forms in Pennsylvania as noted in the table below:

Approved Rate	
Increase	Approval Date
29.9%	10/7/2010

The cumulative approved rate increase in Pennsylvania is 29.9% whereas the nationwide average approved rate increase is 100%.

The experience and projections in Exhibit A reflect all approved rate increases filed by Pennsylvania, on a nationwide basis.

Actuarial Memorandum Policy Form Series LTC-100

15. ANNUALIZED PREMIUM

The number of policies inforce and average annualized premium in Pennsylvania and nationwide as of December 31, 2016 is shown in the table below:

	Form	Policies Inforce	Average Annualized Premium*	Average Annualized Premium with Three 20% Increases*
Pennsylvania	LTC-100	57	\$1,894	\$3,273
Nationwide	LTC-100	1,004	\$2,602	\$4,496

^{*}Based on premium paying policyholders.

16. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

17. ASSUMPTIONS

Interest

The effective annual rate of interest assumed for accumulating historical experience and for discounting projected future experience is 4.0%.

Mortality

Best estimate mortality assumptions for active lives are based on the 2012 Individual Annuity Mortality (IAM) table with selection factors developed from the selection patterns in the 2001 CSO table. To determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration divided by the ultimate CSO mortality rate for the same attained age. No mortality improvement was assumed.

Disabled life mortality assumptions are based on a percentage of claim terminations.

Voluntary Lapse Rates

Best estimate voluntary lapse rates are derived from a total termination study based on actual experience and are shown in the following table:

	Marital Statu	s at Issue		
	Married Single			
All Issue Ages	0.50%	0.85%		

Actuarial Memorandum Policy Form Series LTC-100

Morbidity

Morbidity assumptions are based on company experience and other long term care industry experience from General Re Life Corporation, the reinsurer for this business. Morbidity assumptions are composed of three main components: claim incidence, utilization and claim continuance. Claim incidence rates measure the likelihood of a claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Claim continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met. Claim incidence, utilization, and claim continuance assumptions are used to estimate claim costs. Morbidity assumptions do not include morbidity improvement.

18. LIFETIME LOSS RATIO

Exhibit A includes calendar year historical experience through December 31, 2016 as well as projected future experience for forty years both with and without the requested rate increase. The historical incurred claims reflect claim payment run off through December 31, 2016.

The historical and projected future experience is based on nationwide experience for policy form LTC-100, and a similar policy form LTC-120 which was issued during the same time period. Nationwide earned premiums are restated to the historical and projected Pennsylvania rate levels.

A summary of the historical, future and lifetime loss ratios with three annual 20% increases is shown in the table below:

Lifetime Experience With Three Annual 20% Increases					
Basis	PA Rate Levels	Claims	Loss Ratio		
Historical	49,805,003	22,036,776	44.2%		
Future	22,361,897	64,872,059	290.1%		
Lifetime	72,166,900	86,908,835	120.4%		

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the rate increases.

19. RATE STABALIZATION DEMONSTRATION

The table below provides a demonstration that the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- 1. Accumulated value of the initial earned premium times 58%,
- 2. 85% if the accumulated value of prior premium rate schedule increases,
- 3. Present value of future projected initial earned premium times 58%, and

Actuarial Memorandum Policy Form Series LTC-100

4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The present and accumulated values in the demonstration are determined at the maximum valuation interest rate for contract reserves applicable to the year of issue, which is 4.5%.

	Rate Stabilization Loss Ratio Demonstration							
1.	Accumulated value of initial earned premium	49,269,333	Х	58%	=	28,576,213		
2a.	Accumulated value of earned premium	52,050,443						
2b.	Accumulated value of prior premium rate schedule increases (2a – 1)	2,781,110	Х	85%	=	2,363,944		
3.	Present value of future projected initial earned premium	10,704,436	Х	58%	=	6,208,573		
4a.	Present value of future projected premium	21,611,530						
4b.	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	10,907,094	Х	85%	=	9,271,030		
5.	Lifetime Earned Premium Times Prescribed Factor: (1+2b+3+4b)					46,419,760		
6a.	Accumulated value of incurred claims without the inclusion of active life reserves					22,460,518		
6b.	Present value of future projected incurred claims without the inclusion of active life reserves					59,802,866		
7.	Lifetime Incurred Claims with Rate Increase: (6a+6b)					82,263,385		
8.	Test: 7 is not less than 5					PASS		

An increase larger than requested is necessary to certify that the rate schedule is sufficient to cover anticipated costs under moderately adverse experience, and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases.

The majority of policyholders covered by this policy form series were issued before the effective date of rate stabilization regulations. The company is asking for a 63% increase now in the event an additional increase is not necessary. As a result, all policyholders will be treated consistently and fairly.

Actuarial Memorandum Policy Form Series LTC-100

20. ACTUARIAL CERTIFICATION

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No.8.

I have relied on insured and projection information provided by General Re Life Corporation, the reinsurer for this business. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Pennsylvania and the rules of the Department of Insurance. Policy design, underwriting and claims adjudication practices have been taken into consideration. In my opinion the rates are not excessive or unfairly discriminatory. If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated at this time. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.

Respectfully submitted,

Carolyn Bittner

Carolyn Bittner, FSA, MAAA

Consulting Actuary

LTCG

Attachments:

Exhibit A – Lifetime Experience Without and With Rate Increase Proposed Rate Sheets

Policy Forms LTC-100 and LTC-120

Lifetime Experience (Nationwide)

	Results W	/ithout Rate Incr	ease	Results With Three A	Annual 20% Rate	e Increases
	Earned Premiums			Earned Premiums at		
	at Historical PA	Incurred	Loss	Historical/Projected PA	Incurred	Loss
<u>Year</u>	Rate Level	Claims ¹	Ratio	Rate Level	Claims ¹	Ratio
1999	18,269	0	0.0%	18,269	0	0.0%
2000	480,847	0	0.0%	480,847	0	0.0%
2001	1,318,163	0	0.0%	1,318,163	0	0.0%
2002	1,954,833	387,399	19.8%	1,954,833	387,399	19.8%
2003	2,532,745	450,790	17.8%	2,532,745	450,790	17.8%
2004	2,814,817	314,091	11.2%	2,814,817	314,091	11.2%
2005	2,740,228	39,819	1.5%	2,740,228	39,819	1.5%
2006	2,672,735	1,556,529	58.2%	2,672,735	1,556,529	58.2%
2007	2,472,710	376,077	15.2%	2,472,710	376,077	15.2%
2008	2,349,058	894,528	38.1%	2,349,058	894,528	38.1%
2009	2,262,716	678,720	30.0%	2,262,716	678,720	30.0%
2010	2,197,481	643,696	29.3%	2,197,481	643,696	29.3%
2011	2,085,483	2,086,581	100.1%	2,085,483	2,086,581	100.1%
2012	2,066,123	2,710,287	131.2%	2,066,123	2,710,287	131.2%
2013	1,864,422	1,640,086	88.0%	1,864,422	1,640,086	88.0%
2014	1,869,908	1,177,181	63.0%	1,869,908	1,177,181	63.0%
2015	1,842,905	2,049,596	111.2%	1,842,905	2,049,596	111.2%
2016	1,760,876	2,893,060	164.3%	1,760,876	2,893,060	164.3%
Accumulated ²	49,805,003	22,036,776	44.2%	49,805,003	22,036,776	44.2%
2017	1,725,920	1,987,102	115.1%	1,725,920	1,987,102	115.1%
2018	1,634,595	2,197,995	134.5%	1,961,514	2,197,995	112.1%
2019	1,542,212	2,428,453	157.5%	2,220,785	2,428,453	109.4%
2020	1,448,936	2,673,368	184.5%	2,503,761	2,673,368	106.8%
2021 2022	1,354,887	2,937,496	216.8%	2,341,244	2,937,496	125.5%
	1,260,415	3,204,162	254.2%	2,177,997	3,204,162	147.1%
2023	1,166,074	3,463,756	297.0%	2,014,976	3,463,756	171.9%
2024 2025	1,072,683 981,165	3,709,840 3,936,224	345.8% 401.2%	1,853,596 1,695,454	3,709,840 3,936,224	200.1% 232.2%
2026	892,137	4,159,991	466.3%	1,541,613	4,159,991	269.8%
2027	806,147	4,368,097	541.8%	1,393,022	4,368,097	313.6%
2028	723,747	4,552,937	629.1%	1,250,634	4,552,937	364.1%
2029	645,571	4,705,683	728.9%	1,115,547	4,705,683	421.8%
2030	572,213	4,816,681	841.8%	988,784	4,816,681	487.1%
2031	503,939	4,891,262	970.6%	870,807	4,891,262	561.7%
2032	440,862	4,910,886	1113.9%	761,810	4,910,886	644.6%
2033	382,996	4,875,506	1273.0%	661,818	4,875,506	736.7%
2034	330,396	4,785,883	1448.5%	570,924	4,785,883	838.3%
2035	283,090	4,647,025	1641.5%	489,179	4,647,025	950.0%
2036	240,875	4,478,086	1859.1%	416,232	4,478,086	1075.9%
2037	203,464	4,280,808	2104.0%	351,586	4,280,808	1217.6%
2038	170,524	4,058,811	2380.2%	294,666	4,058,811	1377.4%
2039	141,730	3,819,596	2695.0%	244,909	3,819,596	1559.6%
2040	116,816	3,555,828	3044.0%	201,858	3,555,828	1761.5%
2041	95,492	3,260,995	3414.9%	165,010	3,260,995	1976.2%
2042	77,425	2,943,103	3801.2%	133,790	2,943,103	2199.8%
2043	62,280	2,616,864	4201.8%	107,619	2,616,864	2431.6%
2044	49,691	2,298,100	4624.7%	85,867	2,298,100	2676.4%
2045	39,363	1,994,070	5065.8%	68,019	1,994,070	2931.6%
2046	30,952	1,715,886	5543.7%	53,485	1,715,886	3208.2%
2047	24,142	1,470,779	6092.3%	41,717	1,470,779	3525.6%
2048	18,677	1,252,453	6706.0%	32,273	1,252,453	3880.8%
2049	14,314	1,059,273	7400.0%	24,735	1,059,273	4282.4%
2050	10,868	889,486	8184.8%	18,779	889,486	4736.6%
2051	8,167	737,552	9030.7%	14,113	737,552	5226.1%
2052	6,075	602,466	9916.6%	10,498	602,466	5738.8%
2053 2054	4,479 3,273	483,782 382,382	10802.1%	7,739 5,656	483,782	6251.2%
2054	3,273 2,376	297,106	11682.2% 12503.3%	5,656 4,106	382,382 297,106	6760.6% 7235.7%
2056	2,376 1,715	228,783	13339.6%	4,106 2,964	297,106	7235.7% 7719.7%
Present Value ²	14,357,868	64,872,059	451.8%	22,361,897	64,872,059	290.1%
Lifetime ²						
Lifetime	64,162,871	86,908,835	135.5%	72,166,900	86,908,835	120.4%

¹ Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in the actuarial memorandum.

 $^{^{\}rm 2}$ The interest rate used to accumulate the historical and future totals is 4.0%.



A subsidiary of The Cincinnati Insurance Company

Letter of Authorization

To: Department of Insurance

The Cincinnati Life Insurance Company ("Cincinnati Life") has an agreement with LTCG to administer its long-term care book of business. This letter authorizes LTCG to make various policy form filings, including premium rate filings on behalf of Cincinnati Life. This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from Cincinnati Life expressly terminating this authorization; or (b) 31st of December 2017.

Please accept this letter of authorization for the purposes stated above. Should you have any questions regarding the above, please forward your comments to:

The Cincinnati Life Insurance Company 6200 South Gilmore Road Fairfield, OH 45014

Roger A. Brown, FSA, MAAA, CLU Vice President and Actuary

June 26, 2014 Date

Proposed Rates for Policy Form Series LTC-100 Annual Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

	No S (1)	·	Equal		Compou	ınd
Issue Age	Benefit Incre 50 Day E.P.	ases 100 Day E.P.	Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Benefit İncr 50 Day E.P.	100 Day E.P.
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 56 67 68 69 70 71 72 73 74 75 76 77 78 80 81 82 83 84 85 86 87 87 88 89 90 91 91 92 93 94	53 59 66 70 74 74 77 77 78 78 88 80 85 88 95 96 106 113 122 131 144 158 167 180 206 224 250 275 311 344 388 430 475 527 586 650 719 787 864 948 1,039 1,147 1,265 1,381 1,596 1,996 1,996 1,996 1,997	49 50 55 60 67 67 70 70 71 71 71 74 77 78 85 88 92 98 109 121 130 144 154 164 174 190 204 225 317 353 391 433 476 527 589 649 718 790 866 958 1,054 1,160 1,267 1,382 1,564 1,794 1,794 1,795 1,	74 78 88 95 103 103 106 107 109 109 113 115 118 127 131 142 149 163 172 181 199 208 224 244 265 278 302 325 355 391 426 469 518 574 640 708 784 857 930 1,002 1,080 1,165 1,262 1,374 1,506 1,643 1,790 1,951 2,129 2,321 2,526 2,756 3,005 3,275 3,569	70 74 78 85 92 92 95 96 98 103 106 107 115 121 128 132 145 157 164 179 188 202 218 235 251 274 294 319 354 389 424 473 521 578 641 708 779 844 910 982 1,060 1,151 1,252 1,373 1,493 1,627 1,772 1,930 2,731 2,978 3,240	107 115 127 132 145 145 149 150 152 157 163 166 174 180 214 224 242 257 274 293 308 330 347 377 412 449 491 538 589 647 708 772 850 922 994 1,064 1,225 1,320 1,424 1,546 1,685 1,835 2,003 2,179 2,376 2,591 2,825 3,079 3,354 3,655	96 106 113 121 130 130 131 132 139 142 145 150 157 164 167 180 193 202 218 235 250 268 278 296 317 344 372 406 439 490 534 586 647 707 775 844 908 970 1,524 1,658 1,807 1,111 1,194 1,658 1,807 1,111 1,194 1,658 1,807 1,972 2,150 2,342 2,784 3,303 6,303

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

Proposed Rates for Policy Form Series LTC-100 Annual Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Ind 50 Day E.P.	reases 100 Day E.P.	Equa Benefit Inc 50 Day E.P.	al creases 100 Day E.P.	Compo Benefit Ind 50 Day E.P.	
18-24 25-29 30-34 35-39 40 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 77 77 77 78 78 81 82 83 84 85 86 87 88 88 88 88 88 88 88 88 88 88 88 88	67 71 77 80 89 98 103 103 106 107 109 113 118 122 130 142 150 164 179 188 204 222 235 251 271 295 326 406 455 512 569 638 710 790 878 967 1,056 1,152 1,384 1,529 1,693 1,846 2,086 2,189 2,386	60 67 71 77 80 85 88 88 89 92 95 98 106 113 121 128 139 150 164 174 190 202 216 230 252 278 312 348 390 439 491 545 607 2750 823 991 1,082 1,193	96 106 113 122 131 131 132 139 144 145 158 167 188 202 218 2250 269 290 308 331 353 380 413 452 498 546 607 672 744 821 907 1,194 1,403 1,520 1,654 1,975 2,153 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,154 1,975 2,155 2,	89 96 106 113 122 127 128 128 130 131 132 145 157 164 174 187 200 214 226 244 265 282 302 323 348 379 415 502 559 614 682 750 829 910 1,094 1,189 1,288 1,402 1,658 1,823 1,987 2,360 2,573 2,806 3,059 3,335 3,631 3,968	139 149 163 174 187 188 196 199 200 202 206 214 222 230 242 252 269 288 308 330 347 372 391 416 442 475 518 568 624 685 755 830 913 1,006 1,297 1,394 1,613 1,742 1,889 2,051 2,188 2,440 2,659 2,900 3,161 3,444 3,756 4,465 4,465	128 139 149 163 174 179 180 181 182 182 187 193 202 238 222 244 262 276 296 317 338 355 380 403 433 474 520 569 692 763 838 919 1,006 1,189 1,280 1,374 1,477 1,597 1,730 1,880 2,050 2,237 2,438 2,658 2,894 3,155 3,440 3,750 4,086
94	3,997	3,444	4,680	4,318	4,865	4,456

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

Proposed Rates for Policy Form Series LTC-100 Annual Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

	No	•	Equa	I	Compou	ınd
Issue	Benefit Incre	eases 100 Day	Benefit Incr	eases 100 Day	Benefit Incr 50 Day	eases 100 Day
Age	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 77 78 78 78 88 88 89 99 99 99 99 99 99 99 99 99 99	74 78 88 95 103 103 106 107 107 109 109 115 121 127 131 139 149 163 174 182 200 218 230 247 265 287 311 346 426 478 539 604 672 754 841 931 1,027 1,121 1,222 1,332 1,466 1,613 1,794 1,952 2,131 2,323 2,532 2,758 3,007 3,576 3,895	70 74 78 85 92 92 95 96 98 106 109 115 122 128 139 149 158 167 182 220 226 242 262 287 317 353 391 442 494 559 620 697 772 857 943 1,123 1,226 1,349 1,486 1,650 1,799 1,486 1,650 1,799 1,796 3,296 3	113 121 130 142 150 150 150 152 157 158 163 164 166 174 181 188 202 216 230 245 265 288 330 354 377 403 431 468 517 568 634 700 779 858 943 1,038 1,144 1,260 1,373 1,488 1,618 1,759 1,915 2,991 2,496 2,720 2,965 3,233 3,526 3,842 4,188 4,562 4,974	106 113 122 131 144 144 145 149 150 152 157 164 167 179 187 200 214 226 244 265 278 304 325 348 372 398 433 475 524 582 710 786 864 953 1,052 1,373 1,489 1,625 1,770 1,934 2,119 2,119 2,119 2,149 2,	158 172 182 200 216 216 218 223 224 224 226 232 235 244 252 262 274 290 304 326 348 372 401 426 449 474 503 542 595 649 718 786 865 956 1,052 1,154 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,265 1,384 1,496 1,613 1,740 1,872 2,024 2,196 2,392 2,608 2,392 2,608 2,392 2,608 2,392 2,608 2,392 2,608 2,392 2,608 2,392 2,608 2,392 2,608 2,792 2,796 2,	149 163 174 187 202 204 208 214 216 218 2226 235 242 251 268 276 296 314 366 388 412 433 460 541 596 656 725 800 880 967 1,159 1,270 1,374 1,483 1,722 2,402 2,402 2,402 2,403 1,724 1,864 2,146
94	4,246	3,907	5,423	5,017	5,668	5,219

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

Proposed Rates for Policy Form Series LTC-100 Annual Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

	•	_	_	_	_
	eases	Equa Benefit Incr	l eases	Compou Benefit Inci	und reases
50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
89 96 106 113 122 122 127 128 130 131 131 132 139 144 150 163 172 181 196 208 224 244 262 276 300 319 347 379 424 469 520 584 658 733 818 910 1,013 1,121 1,224 1,330 1,435 1,562 1,711 1,878 2,080 2,267 2,471 2,694 2,938 3,204 3,803 4,146	85 92 98 107 115 115 118 121 122 127 128 131 142 150 158 167 181 196 203 242 257 276 296 323 348 391 434 484 542 611 677 761 841 934 1,037 1,132 1,234 1,332 1,234 1,332 1,591 1,747 1,934 2,508 2,734 2,980 3,541 3,860	131 144 157 167 181 188 193 199 200 204 208 222 232 250 265 278 302 325 347 372 398 422 449 474 503 546 611 682 762 854 949 1,046 1,157 1,272 1,399 1,531 1,669 1,805 1,951 2,116 2,299 2,512 2,755 3,001 3,274 3,566 3,888 4,235 5,489 5,035 5,489	122 131 144 157 167 167 172 174 180 181 182 188 196 204 218 232 245 265 278 304 325 347 372 397 416 442 473 512 568 634 708 792 884 971 1,070 1,182 1,553 1,679 1,823 2,152 2,347 2,575 2,807 3,606 3,636 3,636 3,965 4,708 5,132	187 202 218 235 252 257 265 268 269 271 275 287 294 304 317 331 353 372 397 424 452 482 517 547 584 624 671 732 797 872 956 1,054 1,795 1,930 2,075 2,405 2,405 2,405 2,405 2,405 2,405 2,604 2,831 3,604 3,994 4,349 4,349 4,349 4,349 5,172 5,635	179 188 204 222 240 244 245 251 252 268 274 287 295 311 326 347 368 395 420 451 478 512 542 582 624 683 742 811 887 973 1,076 1,178 1,296 1,553 1,676 1,802 1,934 2,245 2,431 2,645 2,245 2,431 2,645 2,645 2,431 2,645
4,927	4,585	6,521	6,098	6,694	6,265
	50 Day E.P. 89 96 106 113 122 122 127 128 130 131 131 132 139 144 150 163 172 181 196 208 224 244 262 276 300 319 347 379 424 469 520 584 658 733 818 910 1,013 1,121 1,224 1,330 1,435 1,562 1,711 1,878 2,080 2,267 2,471 2,694 2,938 3,204 3,493 4,494 4,519 4,519 4,619 4,	Benefit Increases 50 Day 100 Day E.P. E.P. 89 85 96 92 106 98 113 107 122 115 122 115 122 115 121 130 121 131 122 131 122 131 122 131 122 131 122 131 122 131 122 131 122 132 127 139 128 144 131 150 142 163 150 172 158 181 167 196 181 208 196 224 206 244 223 262 242 276 257 300 276 319 296 347 323 379 348 424 391 469 434 520 484 584 542 658 611 733 677 818 761 910 841 1,013 934 1,121 1,037 1,224 1,132 1,330 1,234 1,435 1,332 1,562 1,453 1,711 1,591 1,711 1,591 1,7878 1,747 2,080 1,934 2,267 2,110 2,471 2,299 2,694 2,508 2,938 2,734 3,204 2,980 3,493 3,248 3,493 3,248 3,493 3,248 3,803 3,248	Benefit Increases 50 Day 100 Day E.P. E.P. E.P. 89 85 131 96 92 144 106 98 157 113 107 167 122 115 181 122 115 181 127 118 187 128 121 188 130 121 193 131 122 200 132 127 204 139 128 208 144 131 222 150 142 232 163 150 250 172 158 265 181 167 278 196 181 302 208 196 325 224 206 347 244 223 372 262 242 398 276 257 422 300 276 449 319 296 474 347 323 503 379 348 546 424 391 611 469 434 682 520 484 762 584 542 854 658 611 949 733 677 1,046 818 761 1,157 910 841 1,272 1,013 934 1,399 1,121 1,037 1,531 1,224 1,132 1,669 1,330 1,234 1,805 1,435 1,332 1,951 1,562 1,453 2,116 1,711 1,591 2,299 1,878 1,747 2,512 2,080 1,934 2,755 1,562 1,453 2,116 1,711 1,591 2,299 1,878 1,747 2,512 2,080 1,934 2,755 1,562 1,453 2,116 1,711 1,591 2,299 1,878 1,747 2,512 2,080 1,934 2,755 2,267 2,110 3,001 2,471 2,299 3,274 2,694 2,508 3,566 2,938 2,734 3,888 3,204 2,980 4,235 3,493 3,248 4,620 3,803 3,541 5,035 4,146 3,860 5,489 4,519 4,207 5,984	Benefit Increases 50 Day 100 Day E.P. E.P	Benefit Increases So Day 100 Day E.P. E.P

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

Proposed Rates for Policy Form Series LTC-100 Annual Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Incre 50 Day E.P.	eases 100 Day E.P.	Equa Benefit Incr 50 Day E.P.		Compo Benefit Inc 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 51 52 53 54 55 56 67 68 69 70 71 72 73 74 75 76 77 78 80 81 82 83 84 85 86 87 88 89 99 91 92 93 93 93 93 94 95 96 97 97 97 97 97 97 97 97 97 97 97 97 97	106 113 122 131 144 149 150 150 152 157 158 166 172 188 202 218 226 250 265 287 304 330 353 380 413 451 499 553 619 689 769 863 958 1,070 1,183 1,420 1,532 1,656 1,795 2,143 2,368 2,143 2,368	98 107 115 127 132 139 142 144 145 145 150 157 163 167 179 188 202 214 230 244 265 287 308 326 354 388 424 469 520 578 642 720 805 890 991 1,100 1,212 1,320 1,432 1,549 1,679 1,831 2,014 2,219 2,419 2,636 2,872 3,133 3,724 4,060 4,422 4,823	158 172 182 200 216 216 222 223 226 230 232 242 250 262 275 294 314 336 360 386 409 439 469 494 518 545 578 631 700 787 890 1,001 1,116 1,238 1,366 1,963 2,118 2,287 2,686 2,932 3,214 3,505 3,821 4,951 5,394 5,	144 157 167 181 199 200 202 206 208 214 222 253 274 314 365 389 420 449 492 516 542 836 742 836 1,046 1,546 1,987 2,764 3,941 1,046 1,835 1,987 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 2,764 3,947 3,947 4,948 3,947 4,948 3,947 4,948	216 232 251 271 294 294 296 304 311 312 314 354 372 395 416 442 469 496 527 564 6047 691 743 800 866 948 1,031 1,124 1,237 1,354 1,630 1,783 1,944 2,246 2,410 2,784 4,615 5,034 4,615 5,034 5,034 4,615 5,034 5,034 6,515 7,104 5,034 6,515 7,104 7,104 7,1	202 218 235 252 274 274 276 287 290 293 294 296 311 319 331 347 368 389 415 438 466 496 527 569 611 656 701 755 818 888 959 1,044 1,151 1,260 1,385 1,529 1,678 1,831 1,973 2,418 2,626 2,839 3,086 3,362 3,362 3,366 4,750 5,176 5,640 6,146 6,698
94	5,615	5,256	7,615	7,180	7,745	7,303

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10%

Proposed Rates for Policy Form Series LTC-100 Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Equa Benefit Inc 50 Day E.P.		Compo Benefit Inc 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 56 61 62 63 64 65 66 67 70 71 72 73 74 75 76 77 78 80 81 82 83 84 85 86 87 88 89 99 91 92 93 94	17 19 20 23 23 23 23 24 24 24 24 24 26 28 29 34 41 42 43 46 50 53 59 60 64 67 71 78 84 89 95 101 113 118 121 127 130 142 157 173 190 206 247 269 294 347 269 279 279 279 279 279 279 279 279 279 27	17 17 19 20 20 20 20 23 23 23 24 24 26 28 34 41 43 49 55 55 60 66 71 77 80 88 92 96 101 109 115 120 130 144 157 169 179 179 179 179 179 179 179 179 179 17	23 24 26 28 29 29 29 34 34 36 41 42 43 44 49 53 59 64 67 71 78 85 88 92 96 103 113 120 127 132 149 154 157 163 178 188 226 247 269 294 347 347 347 347 347 347 347 347 347 34	20 23 24 26 26 28 28 29 29 34 36 41 42 44 46 49 53 55 60 66 71 77 88 89 96 101 1128 132 139 144 145 149 153 168 173 173 174 175 175 175 175 175 175 175 175 175 175	29 34 41 42 44 44 44 44 44 44 44 44 44 44 44 44	28 29 34 36 41 42 43 43 43 44 44 46 49 50 53 59 60 66 71 74 80 85 89 92 101 106 118 122 128 132 142 154 154 166 180 193 210 228 250 271 295 323 335 496 496 496 496 496 497 497 497 497 497 497 497 497 497 497

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

Proposed Rates for Policy Form Series LTC-100 Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Equal Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Compo Benefit Inc 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 66 67 68 69 70 71 72 73 74 75 76 77 78 81 82 83 84 85 89 91 92 93 94	20 23 24 26 26 28 29 29 29 29 29 34 34 36 41 43 44 49 53 55 60 67 77 78 84 88 95 101 109 118 127 132 150 157 164 167 173 188 228 252 275 300 325 326 327 327 327 327 327 327 327 327 327 327	19 20 23 24 24 24 26 26 26 26 28 29 34 41 43 49 50 50 66 67 71 77 80 88 95 101 115 121 128 132 144 149 163 180 199 218 240 262 282 308 337 366 398 434 474 517	28 29 34 41 42 42 42 43 43 44 44 46 50 53 55 60 66 70 74 80 88 92 98 106 109 118 122 130 138 145 154 164 173 181 188 199 202 206 210 228 250 271 295 323 333 346 455 498 498 498 498 498 498 498 498 498 498	26 28 29 34 41 41 41 41 41 42 43 44 46 49 55 60 66 67 71 78 85 96 101 106 113 120 127 132 142 150 157 166 173 180 193 210 228 250 274 295 295 295 295 295 295 295 295 295 295	43 44 49 50 55 55 55 55 59 60 60 64 66 66 70 71 77 80 85 92 98 103 127 128 131 139 149 157 164 174 181 190 202 228 224 244 262 282 308 337 368 434 474 517 563 664 668 728 729 730 730 730 730 730 730 730 730 730 730	41 43 44 49 50 53 53 55 55 55 59 60 64 66 70 71 78 84 89 95 101 115 121 128 132 144 150 199 202 204 204 202 203 308 308 308 308 308 308 308 407 508 508 508 508 508 508 508 508 508 508

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

Proposed Rates for Policy Form Series LTC-100 Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Equa Benefit Incr 50 Day E.P.		Compo Benefit Inc 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 56 61 62 63 64 65 66 67 77 78 79 80 81 82 83 84 85 86 87 89 91 92 93 94	23 24 26 28 29 29 29 29 29 29 29 34 34 34 36 41 42 43 44 49 50 55 60 66 70 74 88 88 95 81 10 158 167 174 180 180 222 244 269 294 317 318 318 318 318 318 318 318 319 319 319 319 319 319 319 319 319 319	20 23 24 26 26 26 28 28 28 28 29 34 41 43 44 50 55 60 64 67 77 85 92 98 105 115 122 130 139 149 154 158 166 17 17 186 186 186 186 186 186 186 186 186 186	34 36 41 43 44 44 46 49 49 50 53 55 60 66 70 74 78 85 92 98 106 113 121 127 130 139 149 158 167 180 188 199 208 218 226 232 240 244 466 288 314 344 374 494 494 494 507 507 508 508 509 609 609 609 609 609 609 609 6	29 34 41 42 43 43 44 44 44 46 49 50 53 560 66 67 71 78 85 92 8101 1128 138 145 154 164 173 181 190 208 216 222 245 266 290 318 347 3413 449 535 582 634 691 750	46 50 55 60 66 66 67 67 67 71 71 77 88 88 92 98 106 113 121 128 132 145 152 163 167 180 210 222 250 252 252 252 252 252 252 252 25	44 49 50 55 60 60 64 66 66 66 66 67 71 77 80 84 89 96 103 118 122 130 131 139 145 154 174 182 222 242 242 242 242 242 242 2

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

Proposed Rates for Policy Form Series LTC-100 Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Incr 50 Day E.P.	eases 100 Day E.P.	Equa Benefit Inc 50 Day E.P.		Compo Benefit Inc 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 50 51 52 53 54 55 56 67 68 69 70 71 72 73 74 75 76 77 78 81 82 83 84 85 89 91 92 93 94	26 28 29 34 41 41 41 41 42 42 43 43 44 49 50 53 59 64 67 71 78 84 89 101 130 139 150 163 173 181 193 202 208 214 215 225 340 370 403 403 403 403 403 403 403 403 403 40	24 28 29 34 36 36 36 36 41 41 41 42 43 44 45 53 64 67 71 88 99 98 106 113 120 149 158 167 179 187 199 208 218 240 253 418 419 419 419 419 419 419 419 419 419 419	42 43 46 50 53 53 55 59 60 64 66 70 74 85 98 103 120 7132 145 152 164 179 190 204 218 224 226 275 229 294 317 346 377 413 451 451 551 551 551 551 551 551 551 551	41 42 43 46 50 50 50 53 55 55 59 60 67 74 85 98 106 113 127 131 138 144 152 164 179 190 214 224 235 247 253 265 274 275 285 285 285 285 285 285 285 285 285 28	55 60 66 71 77 78 78 80 80 84 85 88 92 95 98 106 113 120 128 138 145 154 166 174 181 188 199 208 218 224 252 268 276 290 300 304 311 312 336 357 598 650 710 775 845 922 1,002	53 56 66 71 71 71 77 77 78 80 84 85 89 92 98 106 109 120 127 132 144 152 164 167 174 182 298 202 214 224 235 247 257 269 276 287 288 290 312 337 365 397 433 473 516 562 661 665 725 792 863 941

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

Proposed Rates for Policy Form Series LTC-100 Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Incre 50 Day E.P.	ases 100 Day E.P.	Equal Benefit Incre 50 Day E.P.	eases 100 Day E.P.	Compou Benefit Incr 50 Day E.P.	
18-24 25-29 30-34 35-39 40-44 45 46 47 48 49 551 556 57 58 59 61 62 63 64 65 66 67 77 78 78 80 81 82 83 84 85 86 87 88 89 90 91 92 93	29 34 41 42 43 43 44 44 44 46 49 50 53 55 60 667 78 85 92 98 106 115 127 132 144 154 166 179 188 201 214 225 245 240 269 294 319 354 389 422 460 504 504 708 770	28 29 34 41 42 43 43 44 44 46 49 50 53 56 66 67 71 78 59 98 61 127 132 145 146 177 187 187 187 187 187 187 187 187 187	46 50 55 60 66 66 67 70 70 71 74 78 84 88 95 101 107 115 122 131 142 149 154 167 179 188 204 223 242 257 271 288 300 314 325 336 338 344 370 401 439 482 524 571 625 683 743 811 883 959 1,046	43 46 50 53 59 60 64 64 66 67 71 77 84 88 95 103 109 118 127 131 142 149 154 157 166 179 193 208 242 253 269 278 294 318 328 415 495 495 496 496 497 497 497 497 497 497 497 497 497 497	66 70 77 80 88 88 89 92 92 95 96 98 103 106 113 120 127 131 142 149 158 172 181 193 206 216 224 232 247 257 269 287 296 312 325 338 348 355 360 361 389 416 451 492 535 584 636 692 754 822 898 978 1,064	60 666 71 77 84 84 84 85 88 88 89 96 96 106 109 118 127 131 139 149 204 210 223 242 251 266 275 293 304 318 330 337 338 340 565 710 775 892 1,006
94	841	787	1,142	1,079	1,160	1,094

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums Spousal Discount 20% $\,$ Preferred Discount 10%